

BEST AVAILABLE COPY

17-17-00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	MG		10/27/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	10/31/00
FORMALITY REVIEW	WM	869	11-16-00
RESPONSE FORMALITY REVIEW	ht	712	04-13-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) ... Canceled A Appeal
+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/27/00
2	✓	✓	10/27/00
3	✓	✓	10/27/00
4	✓	✓	10/27/00
5	✓	✓	10/27/00
6	✓	✓	10/27/00
7	✓	✓	10/27/00
8	✓	✓	10/27/00
9	✓	✓	10/27/00
10	✓	✓	10/27/00
11	✓	✓	10/27/00
12	✓	✓	10/27/00
13	✓	✓	10/27/00
14	✓	✓	10/27/00
15	✓	✓	10/27/00
16	✓	✓	10/27/00
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42	✓	✓	10/27/00
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46	✓	✓	10/27/00
47	✓	✓	10/27/00
48	✓	✓	10/27/00
49	✓	✓	10/27/00
50	✓	✓	10/27/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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